PTO/SB/06 (08-03)

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PATENT APPLICATION FFF DETERMENTATION.

| PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875          |   |                 |                                       |                   |   |                    |               | RECORD             |                        | Application or Docket Number |                    |                        |
|---|---|-----------------|---------------------------------------|-------------------|---|--------------------|---------------|--------------------|------------------------|------------------------------|--------------------|------------------------|
| CLAIMS AS EILED, DARTI  |   |                 |                                       |                   |   |                    |               |                    |                        |                              |                    |                        |
|   |   |                 |                                       | (Column 1) (Co    |   |                    | 2) SMALL ENTI |                    | ENTITY                 | OR -                         |                    | R THAN<br>ENTITY       |
|   | FOR   |                 | NUMBI                                 | NUMBER FILED NUMB |   |                    | ]             | RATE               | FEE                    |                              | RATE               | FEE                    |
| (37   | SIC FEE<br>CFR 1.16(a))                     | ]               |                                       |                   |   |                    | ]             |                    | s                      | OR                           |                    | s                      |
| (37   | TAL CLAIMS<br>CFR 1.16(c))                  |                 | 71                                    | minus 20          | 0 =   -   | 1 11               | 1             | x s=               |                        | OR                           | x \$ =             | <u> </u>               |
|   | CFR 1.16(b))                                | MS              | 3                                     | 3 minus 3 = · /   |   |                    | 1             | X \$=              | <del> </del>           | OR                           | x \$=              |                        |
| MU  | LTIPLE DEPENDE                              | ENT CL          | AIM PRESEN                            | VT (              | (37 CFR 1.16(d))  |                    | 1             | + \$=              |                        | OR                           | +5 =               | <del> </del>           |
| * If the difference in column 1 is less than zero, enter *0* in column 2. |   |                 |                                       |                   |   |                    |               | TOTAL              |                        | · OR                         | TOTAL              | 290                    |
| 3/  | 15/ c                                       | LAIN            | IS AS AME                             | ENDED             | 1   | •                  |               | L£                 |                        |                              |                    |                        |
| 11/05   |   |                 |                                       |                   |   |                    | 8             | 4/1                | 105                    | OR                           |                    | R THAN                 |
| 14.   | <del></del>                                 | 1               | CLAIMS                                |                   | (Column 2)<br>HIGHEST   | (Column 3)         | 1             | SMALL E            | ENTITY                 | I                            |                    | ENTITY                 |
| ENT   | 15  | RE              | EMAINING<br>AFTER<br>ENDMENT          |                   | NUMBER<br>PREVIOUSLY<br>PAID FOR  |                    |               | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE               | ADDI-<br>TIONAL<br>FEE |
| Ω   | Total<br>(37 CFR 1.16(c))                   |                 | 1                                     | Minus             | 20  | =                  | ]             | x \$=              |                        | OR                           | x s=               |                        |
| AMENDMENT   | Independent<br>(37 CFR 1:16(b))             |                 | 3                                     | Minus             | <sup></sup> 3   | = `                |               | x s=               |                        | _OR                          | × \$=              |                        |
| ই   | FIRST PRESENT                               | TATION          | OF MULTIPLE                           | E DEPEND          | ENT CLAIM (37 CF  | FR 1.16(d))        |               | + \$=              |                        | OR                           | + \$_ =            |                        |
|   |   |                 |                                       |                   |   |                    | •             | TOTAL<br>ADD'L FEE |                        | OR                           | TOTAL<br>ADD'L FEE |                        |
|   |   |                 | olumn 1)                              |                   | (Column 2)  | (Column 3)         |               |                    |                        |                              | •                  |                        |
| AMENDMENT B   |   | REI             | CLAIMS<br>MAINING<br>AFTER<br>ENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA   |               | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE               | ADDI-<br>TIONAL<br>FEE |
| Σ   | Total<br>(37 CFR 1.16(c))                   | <u> </u>        |                                       | Minus             | ••  | =                  |               | x \$=              |                        | OR                           | × s =              |                        |
| JEN   | Independent<br>(37 CFR 1.16(b))             |                 |                                       | Minus             | •••   | =                  |               | x s=               |                        | OR<br>OR                     | x s =              |                        |
| A   | FIRST PRESENT                               | FATION          | OF MULTIPLE                           | E DEPENDI         | ENT CLAIM (37 CF  | FR 1.16(d))        |               | +s =               |                        | OR                           | +s =               | <br>                   |
|   |   |                 |                                       |                   |   |                    |               | TOTAL<br>ADD'L FEE |                        | OR I                         | TOTAL              |                        |
| ı _   |   | (Cc             | olumn 1)                              |                   | (Column 2)  | (Column 3)         |               | ADDE. CE L         |                        | OK,                          | ADD'L FEE          |                        |
| ပ   |   | С               | LAIMS<br>MAINING                      |                   | HIGHEST   | PRESENT            |               | - 1 - 1            |                        | ſ                            |                    |                        |
| ╘   |   | l A             | AFTER<br>ENDMENT                      |                   | NUMBER<br>PREVIOUSLY<br>PAID FOR  | EXTRA              |               | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE               | ADDI-<br>TIONAL<br>FEE |
| M   | Total<br>(37 CFR 1.16(c))                   | <u></u>         |                                       | Minus             | ••  | =                  |               | x \$=              |                        | OR                           | x \$=              | 1                      |
| AMENDMEN  | Independent<br>(37 CFR 1.16(b))             | •               |                                       | Minus             | •••   | =                  |               | x \$=              |                        | OR                           | x s =              |                        |
| Ą   | FIRST PRESENT                               | ATION           | OF MULTIPLE                           | DEPENDE           | ENT CLAIM (37 CF)   | 'R 1.16(d))        |               | + \$=              |                        | OR                           | + \$ =             |                        |
|   |   |                 |                                       |                   |   |                    |               | TOTAL<br>ADD'L FEE |                        | OR L                         | TOTAL<br>ADD'L FEE |                        |
| •   | '* If the "Highest N<br>" If the "Highest N | Numbe<br>Number | er Previously I<br>er Previously F    | Paid For Paid For | y in column 2, write<br>'IN THIS SPACE is<br>IN THIS SPACE is<br>Total or Independe | is less than 20, e | ente          | r "20".<br>"3"     | - seemngate            |                              | _                  |                        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.